

Quality and Reporting Standards of South African Primary Care Clinical Practice Guidelines

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Background

Clinical Practice Guideline (CPG) development has improved significantly over the past decade, with greater emphasis now placed on transparency, rigour of development, and reporting standards.¹

South Africa has been acknowledged as an emerging leader in the African region for guideline development², with multiple ongoing efforts by researchers and government to improve the quality of CPG development, guideline reporting, as well as guideline implementation. However, to date, few evaluations have been done to inform the current state of South African guideline development and reporting across common primary care CPGs.

Objectives

To evaluate the quality of selected primary care South African CPGs, from the National Department of Health and independent clinical professional societies.

Methods

We conducted a cross-sectional analysis of a selection of CPGs available in the South African primary care setting.

CPGs were purposively sampled by two authors, seeking CPGs reflecting common conditions with which patients largely present in South African primary care settings. CPGs could address diagnosis, treatment, or clinical management.

The guidelines were obtained by searching relevant websites such as NDoH (<http://www.health.gov.za/>), the SAMJ (<http://www.samj.org.za/index.php/samj>) and various professional associations, or through personal communication with relevant individuals in the primary care sector.

Each CPG was independently appraised by two reviewers, using the AGREE II (Appraisal of Guideline REsearch and Evaluation) quality checklist, and the weighted scoring algorithm to calculate scores for the six domains (Table 1).³

Table 1: AGREE II Domains and Questions

AGREE II Domains	Questions
Domain 1: Scope & Purpose	Q1. The overall objectives of the guideline are specifically described
	Q2. The health questions covered by the guideline are specifically described
	Q3. The population to whom the guideline is meant to apply is specifically described
Domain 2: Stakeholder involvement	Q4. The guideline development group includes individuals from all relevant professional group
	Q5. The views and preferences of the target population have been sought
	Q6. The target users are clearly defined
Domain 3: Rigour of Development	Q7. Systematic methods were used to search for the evidence
	Q8. The criteria for selecting the evidence are clearly described
	Q9. The strengths and limitations of the body of evidence are clearly described
	Q10. The methods for formulating the recommendations are clearly described
	Q11. The health benefits, side effects and risks have been considered in formulating the recommendations
	Q12. There is an explicit link between the recommendations and the supporting evidence
	Q13. The guideline has been externally reviewed by experts prior to its publication
	Q14. A procedure for updating the guideline is provided
Domain 4: Clarity of Presentation	Q15. The recommendations are specific and unambiguous
	Q16. The different options for management of the condition or health issues are clearly presented
	Q17. Key recommendations are easily identifiable
Domain 5: Applicability	Q18. The guideline describes facilitators and barriers to its application
	Q19. The guideline provides advice and/or tools on how the recommendations can be put into practice
	Q20. The potential resources implications of applying the recommendations have been considered
	Q21. The guideline presents monitoring and/or auditing criteria
Domain 6: Editorial Independence	Q22. The views of the funding body have not influenced the content of the guideline
	Q23. Competing interests of guideline development group members have been recorded and addressed

Results

A total of 16 CPGs published from 2002 to 2014, from the National Department of Health (NDoH) and clinical professional societies were included (Table 2).

The quality of the guidelines varied across all domains (Table 3). The maximum possible score for each domain is 100%. No one guideline scored well in all domains.

Overall, the domains of rigour of development, editorial independence and applicability had the lowest median scores [4% (range 0-30%), 0% (range 0-29%) and 13% (range 0-83%) respectively]. Clarity of presentation reported the highest median score [69% (range 44-94%)], with seven CPGs scoring above 70%.

Discussion

The CPGs included in this evaluation were developed by both the NDoH and the professional societies, and included both disease specific and combination guidelines (cover multiple diseases).

The methodological quality of the selected South African CPGs was poor to moderate, using the AGREE II checklist, and CPGs were singularly lacking in the reporting of their scientific basis.

While all CPGs scored poorly on rigour and development, many scored well on clarity of presentation, and scope and purpose. This suggests that the focus on CPG development for South African primary care may have been on implementation for specific end-user groups.

It must be noted that poor quality reporting standards of South African primary care CPGs is a separate issue from the validity of the diagnostic or treatment recommendations, or whether the recommendations are in line, or not, with international standards.

Table 2: Included Clinical Practice Guidelines (CPGs)

Name	Short Name	Publication Year	Developer
Disease specific guidelines			
Clinical guidelines for the management of HIV&AIDS in adults and adolescents	Adult HIV	2010	National Department of Health
Guidelines for the management of HIV in children	Child HIV	2010	National Department of Health
Clinical guidelines: PMTCT (prevention of mother-to-child transmission)	PMTCT	2010	National Department of Health
National tuberculosis management guidelines	Adult TB	2014	National Department of Health
Guidelines for the management of tuberculosis in children	Child TB	2013	National Department of Health
Malaria prevention guidelines	Malaria prevention	2011	National Department of Health
Malaria treatment guidelines	Malaria treatment	2010	National Department of Health
Combination guidelines (multiple diseases)			
Standard treatment guidelines and Essential Medicines List for South Africa	EDL	2008	National Department of Health
Integrated management of childhood illnesses	IMCI	2002	National Department of Health
Guidelines for maternity care in South Africa	Maternal	2007	National Department of Health
Primary Care 101	PC101	2013	UCT Lung Institute / National Department of Health
Guidelines by professional societies			
Guideline for the management of acute asthma in adults: 2013 update	Adult Asthma	2013	South African Thoracic Society
Guideline for the management of acute asthma in children: 2013 update	Child Asthma	2013	South African Thoracic Society
Guideline for the management of chronic obstructive pulmonary disease – 2011 update	COPD	2011	South African Thoracic Society
South African hypertension guideline 2011	Hypertension	2011	Southern African Hypertension Society
The 2012 SEMDSA guideline for the management of type 2 diabetes (Revised)	Type II Diabetes	2012	Society for Endocrinology, Metabolism and Diabetes of South Africa

Table 3: AGREE II Scores for Guidelines used in Primary Care

Domain	AGREE II SCORES																Median	Range
	Disease specific guidelines								Combination guidelines				Professional society guidelines					
	Adult HIV	Child HIV	PMTCT	Adult TB	Child TB	Malaria Prevention	Malaria Treatment	EDL	IMCI	Maternal	PC101	Adult Asma	Child Asma	COPD	Hypertension	Type II Diabetes		
SP	78	56	72	25	19	61	56	53	36	78	92	53	47	22	50	69	55	19-92
SI	14	6	17	3	3	28	33	25	0	47	64	19	14	28	36	42	22	0-64
RD	2	2	2	3	2	14	3	8	0	6	0	7	19	15	5	30	4	0-30
CP	64	56	72	56	69	81	72	53	89	78	94	67	69	44	72	64	69	44-94
APL	6	13	13	21	19	6	8	17	8	83	25	0	0	10	44	29	13	0-83
EI	0	0	0	0	0	0	0	0	0	0	0	25	29	25	0	0	0	0-29
O	33	42	42	33	33	42	50	50	42	67	58	42	42	33	50	33	43	33-67

SP= scope and purpose, SI= stakeholder involvement, RD= rigour of development, CP= clarity of presentation, APL= applicability, EI= editorial independence, O=overall, IMCI= integrated management for childhood illnesses, COPD= chronic obstructive pulmonary disease, PC= Primary Care, PMTCT= prevention of mother-to-child transmission, EDL= essential drug list.

Implications for Guideline Users

- Failure to adequately report on the guideline development processes in South Africa may limit the confidence of CPG users in the recommendations made, and ultimately hamper the successful implementation of the CPGs.
- Various groups around South Africa are involved in CPG development for primary care and there is no central access point for these guidelines.
- Concerted efforts should be made in South Africa to ensure that transparent, rigorous and up to date evidence assessments are conducted and well-reported, that CPG development groups are well constituted by the necessary representatives (both public and private), issues of applicability of the guideline are addressed, and the editorial independence is clearly stated.

References

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